

NJ PHEL L-SIP Assessment, November 15, 2011

Executive Summary

New Jersey's Public Health and Environmental Laboratories conducted a Laboratory System Improvement Program, the 27th state to do so since the inception of the APHL program in 2007. There were four major accomplishments that PHEL hoped to achieve: 1. Define the State Public Health Laboratory System; 2. Bring together key partners of the system to determine system performance; 3. Measure the capacity and performance of our state public health laboratory system in addressing national standards; 4. provide results and a starting point for system improvement.

The program proved successful in bringing in most of the stakeholders in the New Jersey SPH Laboratory System as indicated by the program evaluations ratings and comments. The definition of the State Public Health Laboratory System could use some further dialog and reference materials. Although many of the participants grasped the concept, there were enough who didn't that I believe voting was affected. The participants were able to vote and provide next steps for the majority of the standards and key ideas presented. Overall the State Public Health System scored Moderate or greater on the questions. Some of the ten essential services are performed very well, such as Essential Services # 1, 5, & 6 and others not such as # 4 & 8. Communication improvement is no surprise to anyone in the system and our three starting points focus on making this happen.

Our starting points for improving the SPH Laboratory System, resulting from this assessment process, are:

1. Revise & redesign the Public Health and Environmental Laboratories website. This was accomplished the first week of April, 2012.
2. Maintain the L-SIP participant list and communicate periodically about the Ten Essential Services, the mission and vision of the NJDHSS PHILEP Division of which PHEL is a branch; and additional information and reading material on what the SPH laboratory system is and its mission.
3. Put together a stakeholder advisory committee that will meet periodically to discuss policies and make suggestions for streamlining regulations, training needs, and funding possibilities.

Background

Participation in the APHL & CDC sponsored Laboratory System Improvement Program was added to NJ's Public Health and Environmental Laboratories Strategic Plan in early 2009 with an expected completion date of 12/31/2011. The purpose of the assessment was to determine how well the state's public health laboratory system (SPHL) performed or provided the ten essential services or functions defined by the Core Public Health Functions Steering Committee, convened by the federal Department of Health and Human Services and released in 1994. This was an assessment of the SPHL, not the state public health laboratory. The system is composed of all the participants in laboratory testing, including those who order, perform, educate, and those who ultimately use the test results. L-SIP was developed to identify performance standards against which all SPHL systems can measure themselves; to identify the interrelationships with all SPHL partners; promote continuous quality improvement of SPHL systems; and support a proposed process for accreditation of state public health laboratories.

The ten Essential Public Health Services

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure provision of health care when otherwise unavailable
8. Assure a competent public health and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

The Policy Planning and Regulatory Compliance staff received the performance measurement tools and user's guide in 2009 with the updated revisions in October, 2011. The staff participated in the series of telephone conferences in 2010 and 2011 in preparation for the event scheduled for November 15, 2011.

The staff and recruited members of the NJ L-SIP reviewed and prepared participant lists, group assignments, facilitator and theme taker assignments. 106 e-mail invitations were issued on 10/4/11. 54 responded as able to attend. 44 participated on 11/15/11 with 10 no shows.

28 evaluations were returned with 26 very positive ratings and comments and all 28 indicated that they would participate again. One of the most frequently mentioned comments indicated that it would have been useful to have the Assessment Tool ahead of time. This had been discussed at the L-SIP preparation calls with the suggestion that the items be posted to a website and the link sent to the attendees. That was not possible in NJ and I would urge all future assessment hosts to post it or mail it earlier.

Voting was done electronically using a system provided by Rutgers University Office of Professional Continuing Education. The L-SIP Coordinators and Facilitators agreed that when a clear consensus could not be reached that we go with a majority vote. The voting grades were A – E with A being optimal and E none:

- A. Optimal or greater than 75% of the performance described is met within the public health laboratory system (PHLS).
- B. Significant or greater than 50%, but no more than 75%, of the performance described is met within the PHLS.
- C. Moderate or greater than 25%, but no more than 50%, of the performance described is met within the PHLS.
- D. Minimal or greater than zero, but no more than 25%, of the performance described is met within the PHLS.
- E. None or 0% or absolutely none of the performance described is met with the PHLS.

Results

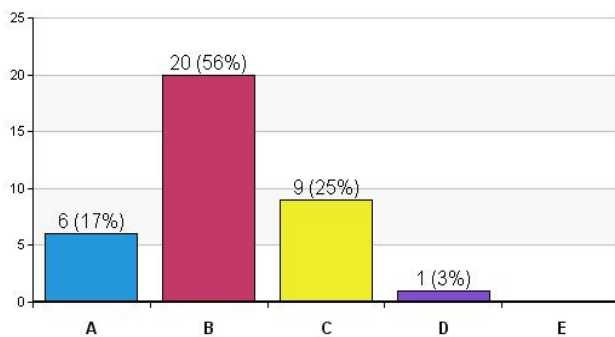
This entire group question on Essential Service # 2, Diagnose and investigate health problems and health hazards in the community, was facilitated by our Laboratory's Outreach Coordinator. There was much discussion within this large group.

Essential Service # 2: DIAGNOSE AND INVESTIGATE HEALTH PROBLEMS AND HEALTH HAZARDS IN THE COMMUNITY

Model Standard# 2.1: Appropriate and effective high quality testing.

The system assures the availability of appropriate laboratory testing of the highest level of quality to support timely diagnosis and investigation of all health problems and hazards.

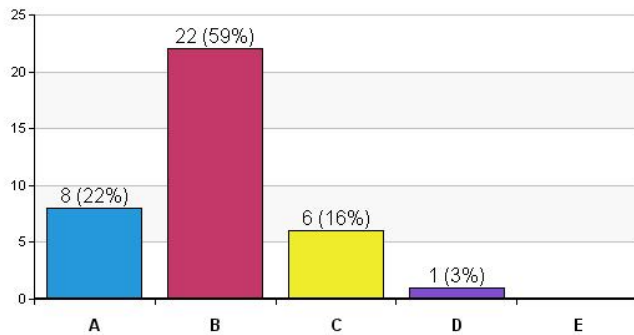
Key idea 2.1.1: How well does the SPH Laboratory System assure the effective provision of services at the highest level of quality to assist in the detection, diagnosis, and investigation of all significant health problems and hazards?



These comments apply to both the 2.1.1 and the 2.1.2 key ideas.

- CLIA regs – state rules more strict than CLIA
- Update 8:44 – not enough guidance references
- Training on state rules
- Reporting of communicable diseases – ELR mandated
- National disaster – pandemic/terrorism – plans are in place
- Weakness – availability of surge testing – not enough
- How many laboratories have emergency plans, including vendors
- Health alerts (HAN), LINC
- Deficient in rapid response – no agreements in place with other state laboratories
- DEP – lack of communication – when do we come into play
- Includes all the “partners” including clinical labs, hospital based labs, the Div. of Epidemiology, environmental labs, consumer health, etc.
- Not all participants necessarily bought into the idea that they were part of the overall system. Some participants obviously struggled with the idea of the “Public Health System”
- Participants in terms of “Reportable disease.” Several indicated what they saw as heavy handed approach to obtaining compliance and mentioned the fact that setting up the required electronic reporting methods were expensive and time consuming.
- Seemed to gain some comfort level thru the first part of the explanation of purpose and the following discussion

Key Idea 2.1.2: How well does the SPH Laboratory System have the necessary system capacity, authority, and preparations in place to rapidly respond to emergencies that affect the public's health?

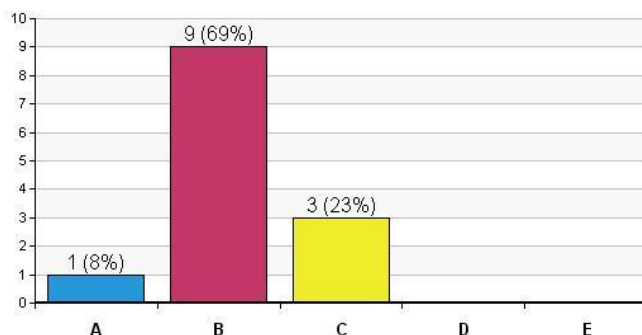


Essential Service # 1: MONITOR HEALTH STATUS TO IDENTIFY COMMUNITY HEALTH PROBLEMS

Model Standard 1.1: Monitoring of Community Health Status

The SPH Laboratory System generates surveillance information and supports others in monitoring health status.

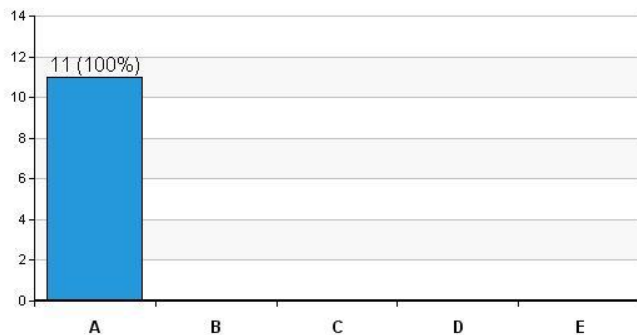
Key Idea 1.1.1: How well does the SPH laboratory System identify infectious disease and environmental sentinel events, monitor trends, and participate in state and federal surveillance systems?



- * Process is in place (Local Health Dept)
- * Lisa: Who picks up the specimens, what is the process start to finish from patient to public health lab "No script" Standardized "poop in a cup....." The lines of communications break down
- * Who's missing? ICPS in Hospitals (St. Peters)
- * Information that is gathered by the Hospital get back to them for education purposes (treatment)
- * Data released real time
- * More communication electronic reporting
- * Meet quarterly to understand reporting
- * Duplication of Reporting to local county & state (Kennedy Hospital)

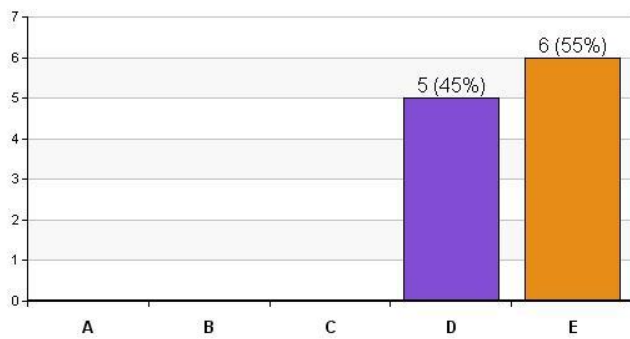
- * Lack of Communication to providers – a central location where they can get information about testing and alternative plan if a particular test is not provided by state.
- A lot of information from hospitals to infection control.
- Lack of information from the State on anti-biograms
- State is working on better method for getting information to hospitals.
- Information should provide regional patterns of activity.
- Data should be released in real time
- CRDRS needs better communication process to get out timely information.
- FBI conducts weekly meetings at State Police Headquarters
- State needs to provide better information on services provided.
- Not clear on testing provided by the State Public Health Laboratory
- What tests are provided the various laboratories?
- Department of Environmental Protection provides good communication and responsibilities are clearly established.

Key Idea 1.1.2: How well does the SPH Laboratory System monitor congenital, inherited, and metabolic diseases of newborns and participate in state and federal surveillance systems?



- * Chilton Hospital is very pleased with the entire NBS Process from start to finish.
- * St. Pete's confirmed that the NBS process is very reliable and works efficiently!
- The State Public Health Laboratory gets an "A" rating for newborn screening.
- Results are paper based/phone call from the State.
- newborn screening screens for 54 disorders.
- Present system works well with small and large hospitals.

Key Idea 1.1.3: How well does the SPH Laboratory System support the monitoring of chronic disease trends by participating in state and federal surveillance systems?

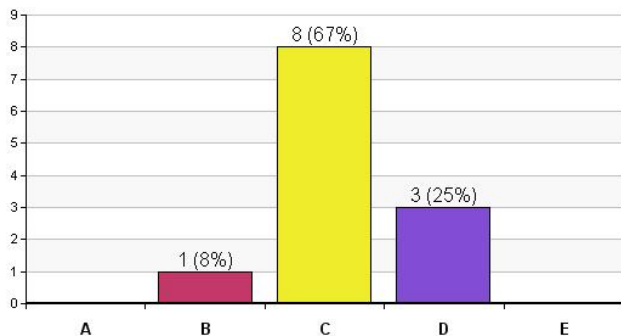


- We don't have adequate knowledge expertise for this key idea
- No personnel present to respond accurately to questions being asked.
- State laboratory does HIV- which is anonymous- and monitors TB
- Education is conducted in hospitals and the State Public Health Laboratory.
- Hospital labs do biopsies for cancer.

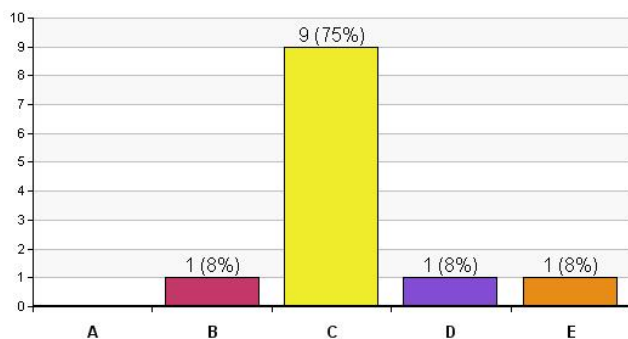
Model Standard 1.2: Surveillance Information Systems

The SPH Laboratory System generates information and supports others in identifying problems and monitoring health status in the community and state.

Key Idea I.2.1: How well does the SPH Laboratory System have a secure, accountable and integrated information management system for data storage, analysis, retrieval, reporting and exchange?

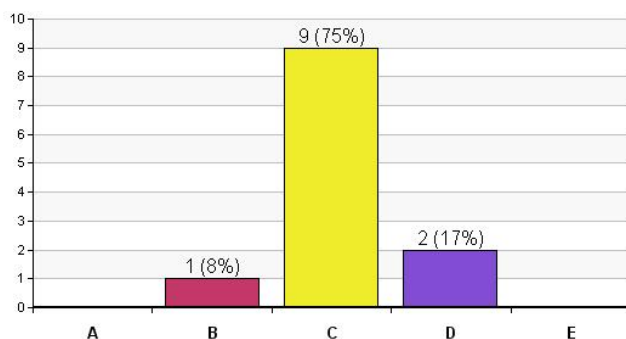


*****REVOTE on 1.2.1*****



- Design reporting system computer experts do not have the experience or understanding or don't want to listen
- Having everyone on a standardized system is very costly
- Include forms
- Not all registries (immunization) are connected.
- Epidemiology needs the real time data
- Timeliness of specimens to the laboratories; results back from the laboratories
- IT Connect with Feds needs work
- IT Connect with DEP (works well)
- STD results get faxed back to the local health department
- The DOT stopped using the environmental lab services because of cost and turnaround time for result reporting; DEP only receives some results from places. Receives State lab results electronically. DEP wants to go to the State laboratory but the cost factor is very expensive and results from the State laboratory takes too long. This situation can hinder surveillance.
- Military is not connected to the State laboratory (only by telephone)

Key Idea 1.2.2: How well do the SPH Laboratory System partners collaborate to strengthen electronic surveillance systems?



- Financial Hardship to smaller independent laboratories to install a LIMS System and keep it updated
- IT folks should have been represented in the group to add their expertise to this key idea.
- No Information Technology personnel available to respond to questions.
- All national surveillance systems- State laboratory utilizes all systems stated in the booklet guide.
- There are independent systems being used for reporting and all are not compatible. To remedy this problem would be very costly to smaller laboratories at the present time.

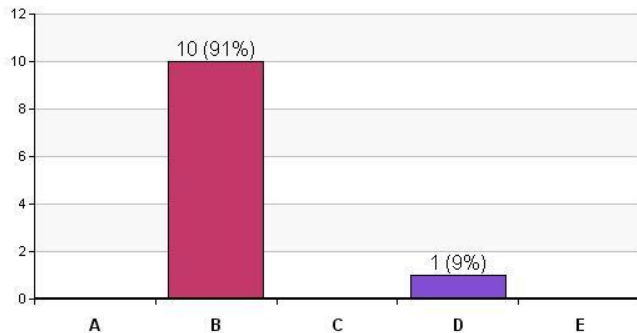
Essential Service #1- Next Steps:

1. State needs a better laboratory website and laboratory directory that indicates what laboratory performs specific testing, test requirements for specimens being submitted, and turnaround time.
2. Courier service to wear Identification when picking up specimens.
3. Provide resources to hospital laboratories to electronically report into CDRSS.

Essential Service # 3: INFORM, EDUCATE, AND EMPOWER PEOPLE ABOUT HEALTH ISSUES

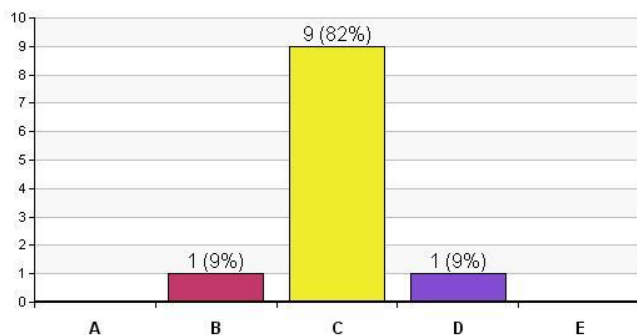
Model Standard 3.1: The SPH Laboratory System provides targeted laboratory information and education opportunities to appropriate health and community partners.

Key Idea 3.1.1: How well does the SPH Laboratory System create and deliver consistent information to community partners about relevant health issues associated with laboratory services?



- * Dependent on the Media
- * Bulletin Board for “Hot Topics” for our partners
- New Jersey Department of Health and Senior Services sends messages about hurricanes and other emergencies to the various forms of public media.
- The department has a webpage that provides information relevant to health issues associated with laboratory services.
- Recommendation: Establish a Bulletin Board for “Hot Topics”.

Key Idea 3.1.2: How well does the SPH Laboratory System create and provide educational opportunities to health and non-health partners?



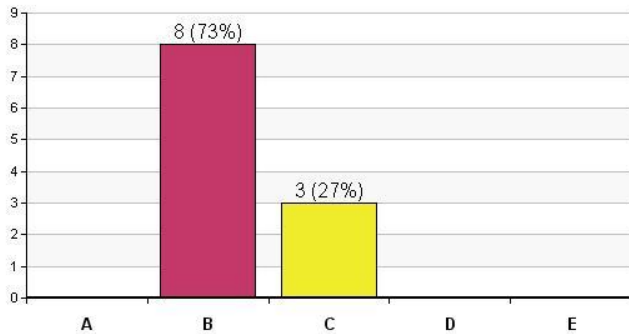
- Training on Packaging and Shipping of specimens
- Local and County officials do not know about the issues that our health partners face
- Legislatures are not aware of unintended consequences of legislation like whole hospital testing for MRSA

- The State Public Health Laboratory provides required training in packaging and shipping regulations, bio-safety/bio-security training, and other training as circumstances dictate to New Jersey's hospital community thru the laboratory outreach program.
- LINC coordinators need to be included in the educational opportunities.

Model Standard 3.2: Empower Partners

The SPH Laboratory System empowers health and non-health partners through relationship building.

Key Idea 3.2.1: How well would you rate the performance of the SPH Laboratory System on relationship building opportunities that are employed to empower community partners?



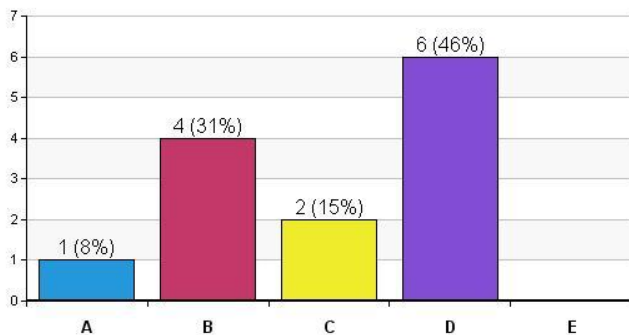
- NJ Water Association partners with local licensed operators to keep them up to speed on water regulations
- Problems with image among professional peers.
- State and local health departments provide talks to schools about work conducted in laboratories.

Essential Service #4: MOBILIZE COMMUNITY PARTNERSHIPS TO IDENTIFY AND SOLVE HEALTH PROBLEMS

Model Standard 4.1: Partnership Development

Organizations within the SPH Laboratory System demonstrate collaborative relationships with each other.

Key Idea 4.1.1: How well do the partners in the SPH Laboratory System develop and maintain relationships to formalize and sustain an effective system?

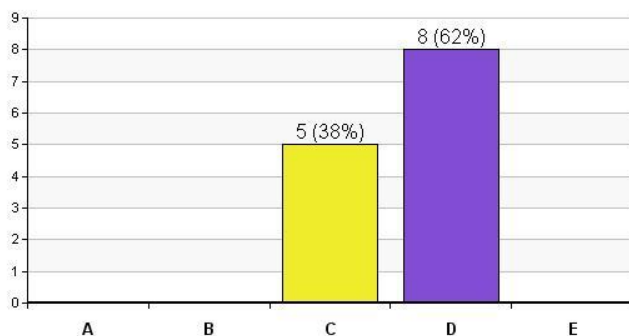


- * There is a need for the system to have, or express a shared vision.
- * There is a lack of feedback.
- * There is a lack of formalization.
- Are there agreements in place? Workgroups? Are their defined roles.
- LRN – very formalized roles and responsibilities
- MOA / LOA – ARMY (interagency)
- Is there a need for a unified mission, vision, values? Statements?
- Is there an overarching need to get all the players together?
- Key main goals provide the most accurate results. Employ a systematic approach.
- Debate as to if this is needed. (Clinical side) not so interested in public health. “QUALITY SYSTEMS” approach. Taskforces? Phone conferences? Develop partnerships.
- Noted that we have a different set of core responsibilities. Clinical labs invested in individual health concerns. Maybe a shared vision is easier to achieve.

Model Standard 4.2: Communication

The SPH Laboratory System is structured to support regular and effective communication.

Key Idea 4.2.1: How well do the SPH Laboratory System members communicate effectively in regular, timely, and effective ways to support collaboration?

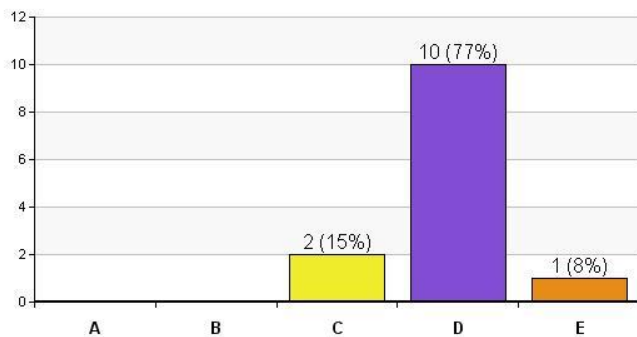


- * The system lacks a complete and formalized communication plan. Some pieces are in place but development and refinement are needed.
- * Streamlining of communication is needed.
- * Many times communication is adequate during an event, but might be characterized as lacking on a routine basis.
- * News letters should address the system rather than focus on individual entities. They should acknowledge and promote the systems approach.
- Communication Plan – written doc – here is how we will communicate this is how we respond – follow-up. Is it part of the “plan”? (Its law) maybe set forth but it’s not part of the plan.
- LRN rules kick in during event, weak on routine basis. Is there a need to know the regular results?
- Emergency response page. Public Health website – poor. Do have the alert network.
- Partnerships with news media? Formalized system. (When public needs to know).
- Websites - How quickly or often is it updated. (6 months)
- Issues with a test procedure – used links system. (List Serve).
- Communications in place – should be streamlined.

Model Standard 4.3: Resources

The SPH Laboratory System has adequate resources to solve health issues.

Key Idea 4.3.1: How well does the SPH Laboratory System work together to share existing resources and to identify new resources to assist in identifying and solving health issues?



- * There is a loose system in place, but it is neither fully developed nor are there many opportunities to use it.
- No funds to partner – not a lot of opportunities. Seek them out when the possibility exists. Serotyping on MRSA isolates?
- Standard need to be better defined! Is there a user friendly means in place to get there? MOA's few in place on the clinical side. Can't and maybe should work out
- Staffing issues. (Between facilities)? Not fully developed and not much opportunities to use it.
- ELC Grant – partner between Divisions of Epidemiology & the Public Health Laboratories

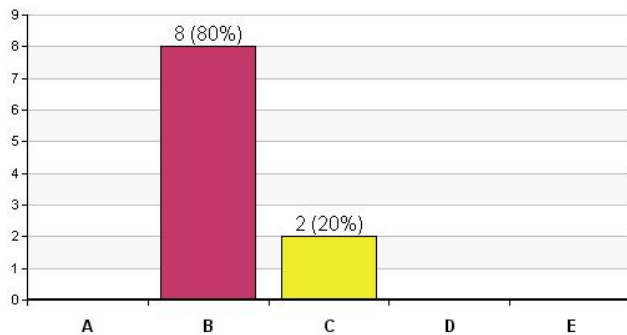
Essential Service # 4 next steps:

1. **Conduct a survey of partners to determine what resources they might be willing to share. Ask them to provide an explanation of limitations if they express a need for restrictions on sharing specific resources.**
2. **A regularly scheduled meeting (perhaps annually) of state laboratory system partners should be scheduled.**
3. **NJDHSS should develop a better web page.**
4. **Mobilize and solve health problems . Partners survey on sources your willing to share. Some can't give a reason why! Explanation of limitations**
5. **Meetings moving forward? YES!! Regular meeting (scheduled). Need staff, time and commitment.**
Overall Meeting, subcommittees in order to keep it focused. Need formal organizational structure. Who sets agenda? Still needs to ID stakeholders? List-Serves would be very helpful. Begins a culture change!

Essential Service # 5: DEVELOP POLICIES AND PLANS THAT SUPPORT INDIVIDUAL AND COMMUNITY HEALTH EFFORTS

Model Standard 5.1: Partnerships in Public Health Planning. The SPH Laboratory System assures broad involvement in developing plans and policies addressing priority health issues.

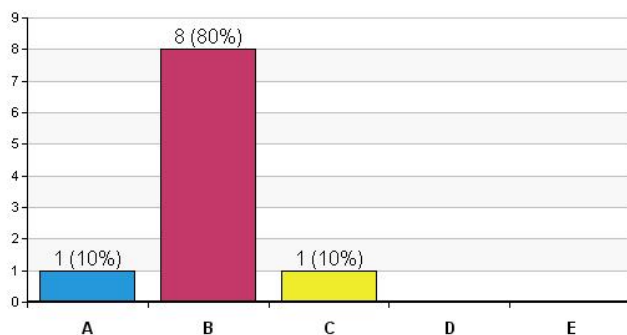
Key Idea 5.1.1: How well does the SPH Laboratory System obtain input from diverse partners and constituencies to develop new policies and plans and modify existing ones?



- * Need to consider the role of each entity in the big picture.
- * Overall satisfaction with feedback loop available within the system

Model Standard 5.2: Role in laboratory related policy making. The SPH Laboratory System contributes expertise to inform and influence policy based on science and data.

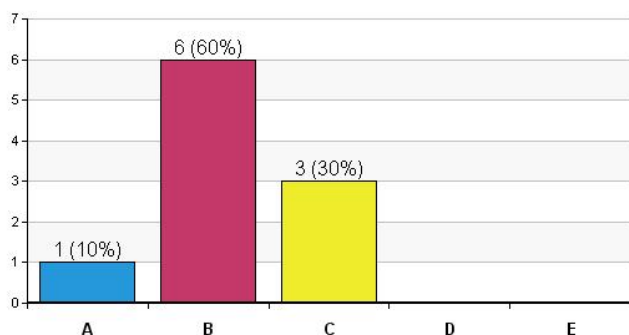
Key Idea 5.2.1: How well do the SPH Laboratory System and partners contribute their expertise and resources using science and data to inform and influence policy?



- * Establish a group similar to the Environmental Laboratory Advisory Committee to discuss different issues.
- * Newborn Screening has such a group that makes recommendations to the Health Commissioner.

Model Standard 5.3: Dissemination and Evaluation. The SPH Laboratory System disseminates and evaluates current plans and policies.

Key Idea 5.3.1: Does the SPH Laboratory System routinely evaluate, update, and disseminate the plans and policies that affect the system?



- Group felt that data produced is being disseminated and is being used as a resource tool for surveillance procedures such as CDRSS and the Arbovirus network called ESRI.

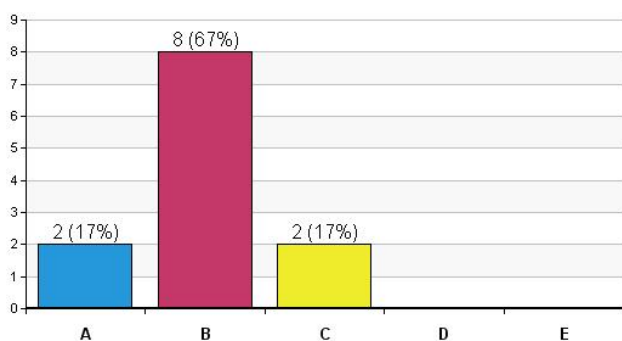
Essential Service # 5 next steps:

1. Put together a stakeholder advisory committee that will meet regularly to discuss policies and make suggestions for streamlining regulations.
2. There was no suggestion of any particular activity to pursue.

Essential Service # 6: ENFORCE LAWS AND REGULATIONS THAT PROTECT HEALTH AND ENSURE SAFETY

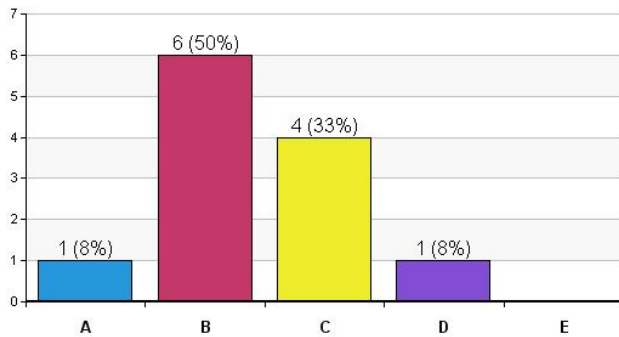
Model Standard 6.1: Laws and Regulations. The SPH Laboratory System regularly and periodically reviews, recommends revisions to, and promotes compliance with federal and state laws and other regulations pertaining to laboratory practice.

Key Idea 6.1.1: How would you rate the performance of the SPH Laboratory collectively on achieving this key idea?



- * Generally the system does a good job here, but proposed changes are occasionally not adopted or enacted because politics sometimes “gets in the way.”
- There is the existence of State advisory committee. Committee meets as often as needed. Concerns noted in terms of amount of input with little or no changes made. This was from a former advisory committee member.
- Need dialogue between the committees and Lawmakers.

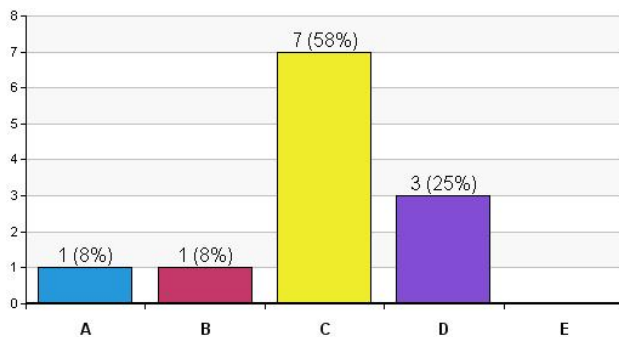
Key Idea 6.1.2: How well does the SPH Laboratory System encourage and promote compliance by all laboratories in the system with all laws and regulations pertaining to laboratory practice?



- * In the environmental arena there is sometimes a weakness of communication. (Sometimes it is difficult to communicate the regulations to contract laboratories.)
- * There is a compliance system in place but it could be stronger and better coordinated. It was suggested that a global data base of accreditations be created to help keep track of lab statuses.
- 6,000 Clinical Labs in New Jersey only (3) regulators
- On-demand response in some instances.
- Responsibilities fall to Medical or Tech Director in the absence of a “QA” officer. Proficiencies must be reported to the State.
- Master list of accredited labs in the state?
- We do have a system place – could be stronger. No clearing house
- Who has what oversight or responsibility? National data base of accreditation for ALL labs?

Model Standard 6.2: Laws and regulations. The SPH Laboratory System and/or other organizations within the SPH Laboratory System have necessary authority and resources to enforce laws and regulations.

Key Idea 6.2.1: Does the SPH Laboratory System have the appropriate resources to provide or support enforcement functions for laws and regulations?



- * The system has adequate authority and a workable enforcement process but it does not have sufficient staff resources to support enforcement functions.
- * Sometimes politics gets in the way of enforcement.
- * It is likely that the system may not have a way to detect certain lab problems (E.G., erroneous results).
- * There could be better communication among system partners on enforcement issues.
- Not enough people or \$\$ to do the job.

- The authority exists in written form – the limited resources make us dependent on outside reporting. Can shut the doors but must be willing to pull the trigger.
- Do have a system that defines responsibilities and enforcement. Do enforce when rules are violated.
- Room for improvement! Repeatedly stated by (epi). There IS a system in place.

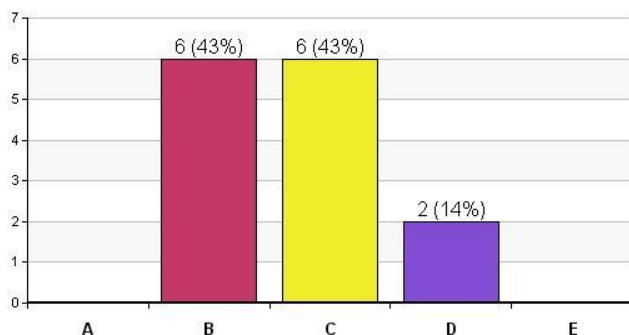
Essential Service # 6 next steps:

1. Meet and communicate with one another in order to develop a strategy to address the lack of staff resources.
2. Survey other states to determine what they may be doing to overcome the resource issue.
3. Best Practices around the Country
4. Survey other States
5. Third party assessors
6. APHL? Across clinical & env labs
7. Focused visits between partners

Essential Service # 7: LINK PEOPLE TO NEEDED PERSONAL HEALTH SERVICES AND ASSURE THE PROVISION OF HEALTHCARE WHEN OTHERWISE UNAVAILABLE

Model Standard 7.1: Provision of Laboratory Services. The SPH Laboratory System collaborates to assure access to laboratory services.

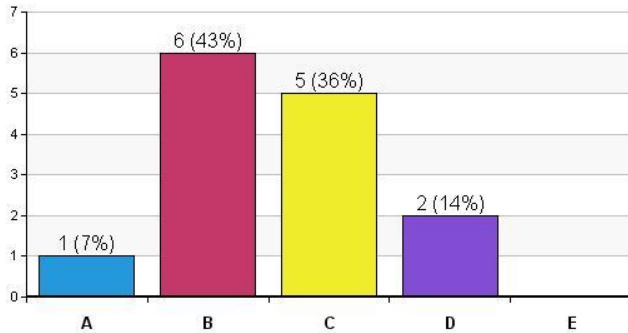
Key Idea 7.1.1: How well does the SPH Laboratory System identify laboratory services needs and collaborates to fill gaps?



- * All staff trained in packaging and shipping (Jersey Shore Hlth System) turnaround time 48 hours
- * Protocols between local and state lab are not clear (Lisa –Epi)
- * It's a Friday before a holiday weekend the state was not available to perform a test until that following Tuesday.
- * Handling and Shipping specimen practices to include local partners beyond hospital partners
- One facility is open 16 hours per day and exploring the idea of a 24/7 operation to meet the service needs of the community.
- All staff are training in packaging & shipping version 6.2 materials.
- Utilizes the State of Utah as a backup facility should the need arise.

- The State public health laboratory has people on call to respond to the service needs of the community.
- Request was made to standardize the type of container to be used when shipping animal parts to the rabies laboratory.

Key Idea 7.1.2: How well does the SPH Laboratory System provide timely and easily accessed quality services across the jurisdiction?



- * Hold routine meetings and trainings for lab partners.
- No complaints with food, human, veterinary or food services.
- Should look into routine meetings with laboratory partners to discuss issues that may arise.

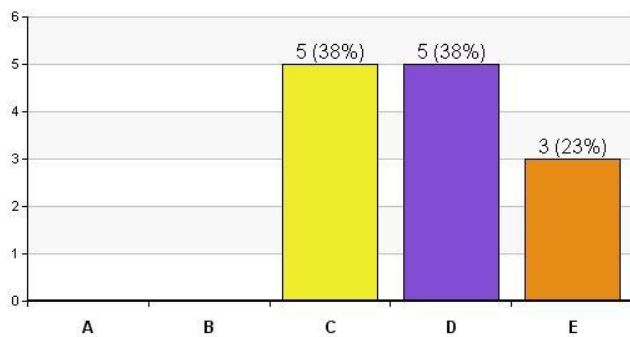
Essential Service # 7 next steps:

1. Enhanced training for local and county health departments for safe specimen packaging and shipping.
2. Centralized Web resources
3. Explore the possibility of providing training for local health departments in packaging and shipping division 6.2 materials.
4. Provide just in time training for couriers on packaging and shipping regulations.

Essential Service # 8: ASSURE A COMPETENT PUBLIC HEALTH AND PERSONAL HEALTHCARE WORKFORCE

Model Standard 8.1: Defined Scope of Work and Practice. All laboratories within the system have defined position descriptions and requirements for both administrative and scientific workforce categories.

Key Idea 8.1.1: How well do the all laboratories within the SHP Laboratory System identify position requirements and qualifications; assess competencies; and evaluate performance for all laboratory workforce categories across the entire scope of testing?

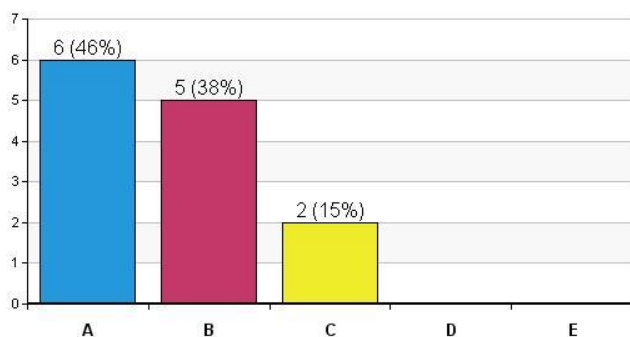


- * It was generally thought that the system does well here. However, it was felt that maintaining workforce competency is an emerging issue.
- * Concern was expressed about workers who are employed in “nontraditional” laboratory settings. Who is assessing their competency, and how might it be accomplished? There is a need for a uniform appraisal system.
- NJDEP – Requires compliance / NJ cert. lab Most PH labs have well defined qualifications and requirements.
- (No statement of need for years of experience) Need competency defined in terms of cycle required. There is interest from the audience as to NJPHEL’s certification!
- Army – well defined mobile lab qualifications and ISO certified. Perform federal based proficiencies. Units may be pulled out of the national prep plan if there is a failure during a proficiency event.
- Questions from Epidemiology about – DOH compliance and continuing education within the public health laboratory.
- Epidemiology – gave it a C due to (non-traditional labs? Vector borne (Mosquitoes) nothing in place for training? Dr.’s offices?

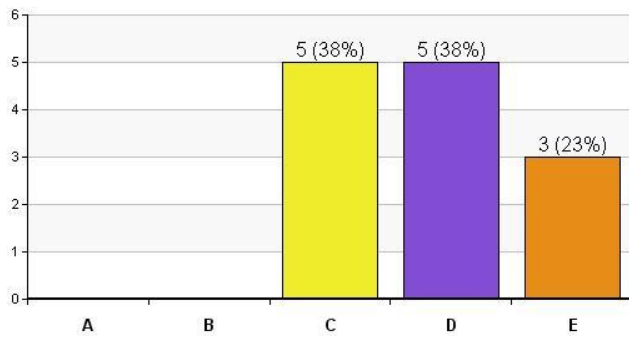
Model Standard 8.2: Recruitment and retention of qualified staff. Laboratories within the SPH Laboratory System attract and retain highly qualified staff.

Key Idea 8.2.1: How well does the SPH Laboratory System maintain an environment to attract and retain highly qualified staff?

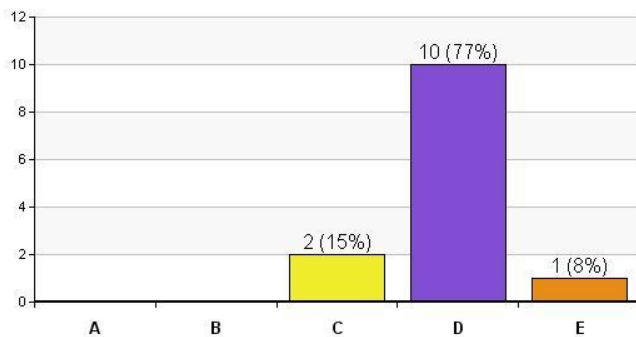
The votes on this key idea were very interesting and ended up the reverse of the initial vote after much discussion.



*****REVOTE #1 on 8.2.1*****



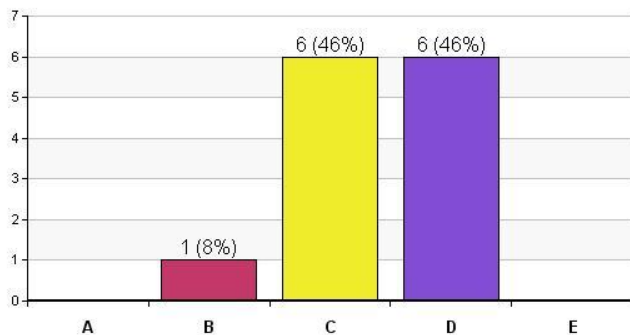
*****RE-REVOTE #1 on 8.2.1*****



- * It is difficult to hire and retain qualified personnel.
- * MAJOR ISSUE: Weak economy and budget cutbacks have resulted in hiring freezes and inability to fill vacant positions.
- * There is an insufficient supply of recent graduates qualified to fill lab positions.
- * Compensation is an issue. Within the workforce there is a lack of interest in public health positions. There is a preference to seek employment in higher paying industries (E.G., pharmaceuticals).
- * It was generally felt that the system is being asked to do more with and for less, and that there are few tools available to overcome those problems that result from budget cuts and the weak economy.
- Elephant in the room – Age of workforce.
- Limited schools for Laboratorians – only approx. 50 new grads a yrs. from 4 programs in the State.
- Financial restraints, Can't fill, lack of training opportunities for new graduates.
- Better jobs available in industry or pharmaceuticals.
- Issues with reimbursement – small dollars, multiple facilities compete for the same dollars. NO ONE HAS THE \$\$\$. There is a breakpoint where if the work-load continues to increase the errors will rise even with an excellent work-force.
- Very difficult to overcome. Many obstacles
- Some anger – heated discussion, many issues identified, money driven.

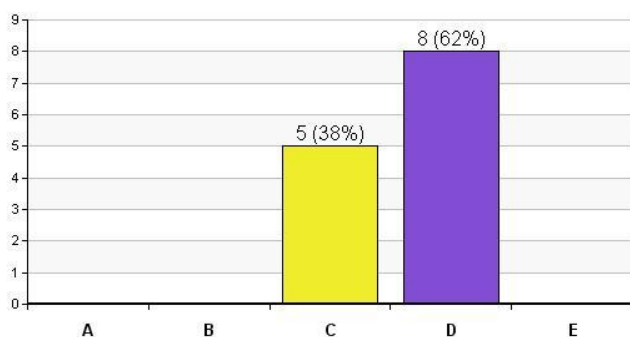
Model Standard 8.3: Assuring a competent workforce. The SPH Laboratory System addresses current and projected workforce competency and availability issues.

Key Idea 8.3.1: How well does the SPH Laboratory System work to assure a competent workforce by encouraging and supporting staff development through training, education, and mentoring?



- * Budget cuts and a weak economy have resulted in limited funding for training.
- * In some cases incentives are offered for workforce training and development, but due to increased workloads, staff have difficulty finding the time to take advantage of the opportunities.
- * It was suggested that the development of mentoring programs might be a way to provide necessary training and staff development.
- Implement internships? Tuition reimbursements – Made more difficult. Incentive programs contain obstacles.’ Need staff on the bench many institutions cannot support these programs due to work requirements.
- Economy is intimately involved in this.
- How are you measuring success? How many can participate and show improvement?

Key Idea 8.3.2: How well does the SPH Laboratory System identify and address current and future workforce shortage issues?



- * There is a need to create an interest in science among students and the community in general. The system needs to communicate this need to the community.
- * Concern was expressed that there may be a general “backlash” against public sector employees given the current environment, and that this may make it difficult to address future workforce shortage issues.
- Sporadic participation in Science fairs, demos, etc...
- Separate events – low turnouts (outreach activities) we have enough issue in getting testing done.

- Need more people involved – partner with on-going events, communication is insufficient and we need to get the word out. Need to sell science.
- Want to hire more people, recruit people to science – may NOT be able to hire! No back-fills. May be permanent – how do we get the work done then? Union issues in terms of cross-training?

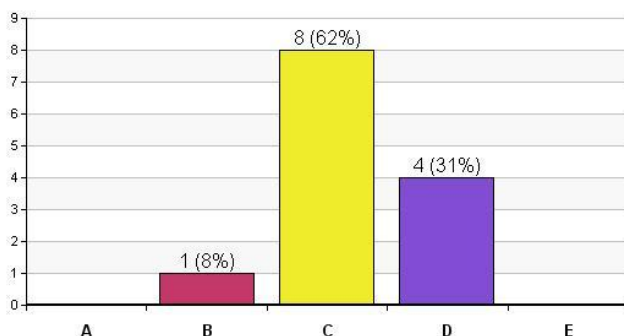
Essential Service # 8 next steps:

1. It was felt that it is economic circumstances that are the root cause of many of the problems in this area. The economy is outside the control of the system and this makes addressing the workforce issues a very difficult task.
2. Set up a work group to develop a blue print to share work and consolidate services if work force issues cannot otherwise be addressed.
3. Set up a work group charged with developing innovative ways to overcome workforce issues.
4. Centers of Excellence.
5. Working Groups Work-force assessments.
6. Outside entities for opinions

Essential Service # 9: EVALUATE EFFECTIVENESS, ACCESSIBILITY AND QUALITY OF PERSONAL AND POPULATION BASES SERVICES

Model Standard 9.1: System Mission and purpose. The SPH Laboratory Systems regularly evaluates its collective mission, the services provided and the technologies used.

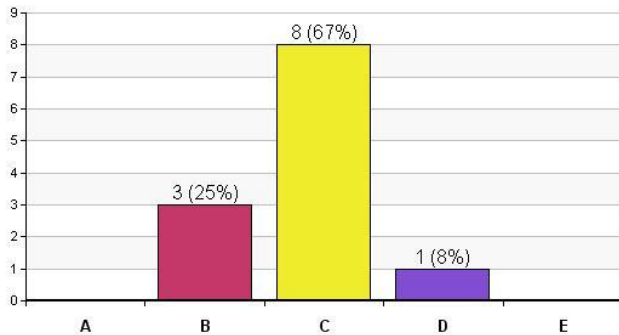
Key Idea 9.1: How would you rate the performance of the SPH Laboratory System collectively on achieving this key idea? The SPH Laboratory System range of services, as defined by its mission and purpose, is evaluated on a regular basis.



- * The main focus point was the State PHL was being judged by its peers, eg. Commercial labs and other groups present. THE SPHL mission statement is not known by all parties
- * We do not operate very well in our public health system
- * Wide gap in communicating with peers
- Need collective mission statement instead of individual mission statements
- Need to communicate well to other entities
- Surveillance perspective- rapid testing in conflict with need of surveillance. Need to culture, obtain isolates to continue surveillance efforts. Need to have an overall goal to do both.

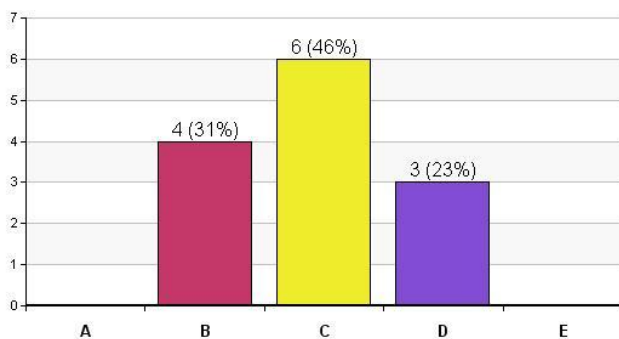
Model Standard 9.2: System Effectiveness, accessibility and quality. The effectiveness, accessibility and quality of personal and population based laboratory services provided throughout the state are regularly evaluated.

Key Idea 9.2.1: Is the effectiveness of the personal and population based laboratory services provided throughout the state regularly evaluated?



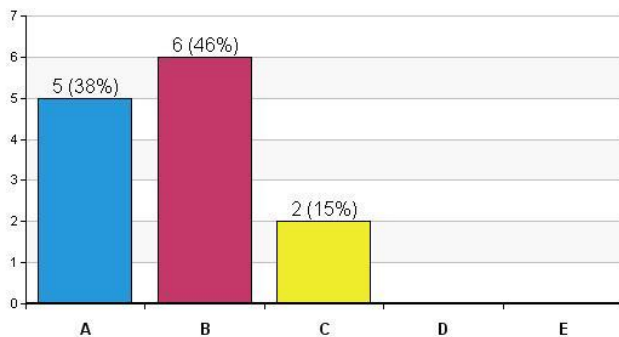
- * All parties present do get evaluated by CLIA or CAP or other regulatory agencies
- * Proficiency testing is performed for every analytic test offered
- * SOPs are reviewed annually
- Laboratories are very well regulated
- Mosquito: The system does not take advantage of methodology or collaboration for research studies
- Not communicating enough with different entities

Key Idea 9.2.2: Is the availability of personal and population based laboratory services throughout the state regularly evaluated?



- * Cost effectiveness dictates the test offered.
- * Problem with Environmental Laboratory.
- * Public Health labs do not always have the financial/personnel resources to offer tests in a timely manner.
- * STD surveillance not getting needed info from private labs
- * Split vote comment: unknown if process in place to evaluate the availability of services offered.

Key Idea 9.2.3: Is the quality of personal and population based laboratory services provided throughout the state regularly evaluated?



- Labs are highly regulated
- Have checklist for State inspections
- Regulations are not clear on expectations from labs

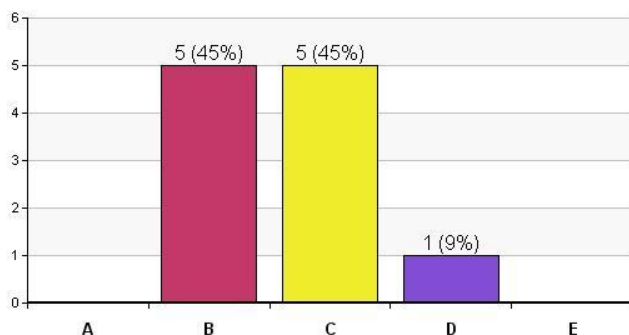
Essential Services # 9 next steps:

1. Collectively address our mission statement. What is our purpose? How do we communicate with our peers?
2. Our performance score was Moderate. The consensus was alarming- we need to do more.
3. We need to reach out to all parties private and commercial and work together.
4. Each individual entity works well on its own – now all the parts need to come together as one cohesive system
5. Develop a task force or committee led by the SPHL with reps from the system

Essential Service # 10: RESEARCH FOR INSIGHTS AND INNOVATIVE SOLUTIONS TO HEALTH PROBLEMS

Model Standard 10.1: Planning and financing research activities. The SPH Laboratory System plans meaningful research and innovative activities.

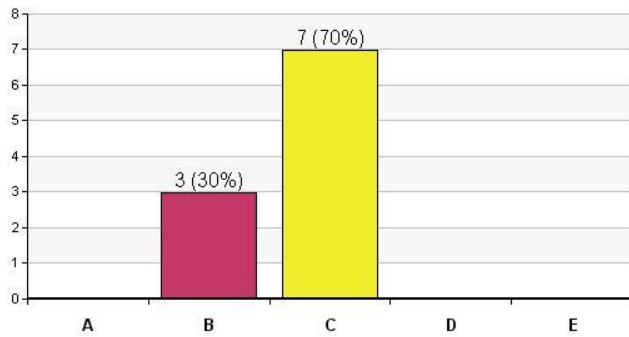
Key Idea 10.1.1: Does the SPH Laboratory System have adequate capacity to plan research and innovative activities?



- Cost and personnel are the driving force in deciding which research to participate in
- Split vote: Private labs involved in individual research efforts but the State Lab fails in comparison with other states, i.e. New York

Model Standard 10.2: Implementation, Evaluation, and Dissemination. The SPH Laboratory System involves a broad range of partners to conduct and evaluate research and to disseminate findings.

Key Idea 10.2.1: Does the SPH Laboratory System promote research and innovative solutions?



- Promote recruitment efforts to increase in interest pool of medical technologists.
- Need better collaboration for grant writing and research.
- All entities need to know what capabilities the State Labs offer.
- This topic produced little activity as all groups, private or commercial, hospital or clinics felt that there was zero research being done at any level for public health.
- Funding to do any research is simply not there. Staff resources are limited.

Essential Service # 10 next steps:

1. **Develop a committee to research funding either through grants or other options that might be available.**
2. **Develop or view emerging technologies. For example, non-culture methodology and DNA targeting assays.**
3. **Group gave a low priority to research and could not suggest activities other than wait and see.**